



**BG CIVIL AVIATION ADMINISTRATION**  
**APPLICATION FOR AN AERO-MEDICAL EXAMINER**

**APPLICATION FOR AN AERO-MEDICAL EXAMINER CERTIFICATE**

Application for class 2 privileges

By submitting this application I certify that:

- I have a licence to practice and a specialist diploma issued by /state and authority/
- I am not subject to disciplinary proceedings or investigation by a medical regulatory body
- I have knowledge of, and will follow, the requirements for AMEs and the requirements for medical certificates for pilots and medical reports for cabin crew in Regulation (EU) Nr 1178/2011.
- / additional national requirements, if any /
- I am aware that my aeromedical activities will be subject to oversight by /Competent Authority/

**Лични данни**

City		Date	
Name		Personnummer (10 siffror)	
Address			
Post code		Postal address	
Telephone		Mobile phone	
E-mail address			

Signature:



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Attachment 1 to application for an Aero-medical Examiner Certificate

**Summary of aviation medicine training/experience**

Attach copies of documents demonstrating competence/approved training

/State name/ Licence to practice		year
/State name/ Specialist diploma(s) (note which)		year
		year
		year
		year
Basic Course in Aviation Medicine	Training provider	year
Advanced Course in Aviation Medicine	Training provider	year
Diploma Course in Aviation Medicine	Training provider	year
Masters Course in Aviation Medicine	Training provider	year
Practical training in Aviation Medicine at an Aeromedical Center	Training provider	year
Other training in Aviation Medicine	Training provider	year
Other experience in Aviation Medicine		year



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Attachment 2 to application for an Aero-medical Examiner Certificate

Details of my practice location(s)

*(Note! One attachment for each practice location)*

**1. Contact details**

Practice name	
Address	
Post code	Postal address
Telephone	Telefax
E-mail	
Webpage	

**2. Premises**

Give a short description of your practice and the premises you have at your disposal for your aeromedical activities.

Reception	
Waiting room	
Examination room	
Laboratory facility	
AME office	
Archive	
Other	



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### 3. Procedures

Give a short description of your procedures to fulfil the following requirements in the current EU Regulation.  
/Condensed text from the paragraphs might be added in the paragraph boxes/ For the full paragraph text, please refer to the paragraph in the Implementing Rules and related Acceptable Means of Compliance.

MED.A.020 c) и e)	
MED.A.025 a) 1.	
MED.A.025 a) 2.	
MED.A.025 b) 1.	
MED.A.025 b) 2.	
MED.A.025 b) 3.	
MED.A.025 b) 4.	
MED.A.025 c)	
MED.A.025 d)	
MED.A.035 b) 1.	
MED.A.035 c)	



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MED.A.040 d)	
MED.A.040 e)	
MED.A.050	
MED.B.001 c)	
MED.C.025 b) 2.	
MED.C.025 c)	
MED.C.030 a) 2.	
MED.C.035	



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**4. Documentation**

Give a short description of how you handle documents and documentation:

Access to regulations, AMCs, guidance material and manuals	
Procedures for digital documentation ( <i>if applicable</i> )	
Procedures for paperback documentation ( <i>if applicable</i> )	
Procedures for documentation of applicants from other Member States	
Procedures for filing of documents, digitally and/or on paper as appropriate	



**Medical equipment**

Give a short description of equipment for examination you have at your disposal for your aeromedical activities. If any required equipment is lacking, describe the alternative procedure used to perform the examination and assessment.

General medical examination		
Cardiology	ECG recorder	
	other	
Vision	Vision chart	
	Refractometer or similar	
	Fundoscope	
	other	
Colour vision	Ishihara plates	
	other	
ENT	Otoscope	
	other	
Hearing	Pure tone audiometer	
Pulmonary function	PEF	
	Spirometry	
	other	
Laboratory tests		
Other		



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**5. Medical confidentiality**

Give a short description of how you ensure the medical confidentiality

Restricted access to premises	
Restricted access to computer system(s)	
Restricted access to medical records (digital and/or on paper)	
Procedures for handling medical files and documents	
Other	





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6. IT-equipment /if applicable/

Give a short description of IT equipment required for your aeromedical activities:

Internet access	
Mobile phone	
Scanner	
Printer	
Permission/possibility to install Citrix client	